

COMPREHENSIVE COMMUNITY CORRECTIONS ACT
MONTHLY REPORT

Locality: _____

Grant Number: _____

Report For: ____/____/____
MM YY

<u>I. CCCA Supervision Activity</u>	<u>Misd.</u>	<u>YTD</u>	<u>Felon</u>	<u>YTD</u>
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DO NOT include CDI cases or those which are monitored. Use Section IV and V to report these.

1. Total # Offenders Under Active Supervision on First Day of the Month				
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2. Total # Offenders Under Inactive Status on First Day of the Month				
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3. Total Placements on Supervision (A+B+C)				
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A. Transfers In From Other Programs				
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B. New Placements from Court				
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C. Total Court Reinstatements				
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4. Total Restored to Active Supervision				
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5. Total # of Cases Closed (A+B+C)				
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A. Total Successful Cases (1+2+3)				
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1. Transferred Out- Returned				
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2. New Placements				
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3. Reinstated				
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B. Total Unsuccessful Completions (1+2)				
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1. Total New Convictions (a+b+c)				
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a) Transferred Out- Returned				
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b) New Placements				
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c) Reinstated				
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2. Total Technical Violations (a+b+c)				
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a) Transferred Out- Returned				
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b) New Placements				
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c) Reinstated				
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C. Total Other Case Closures (1+2)				
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1. Transferred In- Sent Back				
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2. Other _____				
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6. Total Placed on Inactive Status				
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7. Total # Offenders Under Inactive Status on Last Day of Month				
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8. Total # Offenders Under Active Supervision on Last Day of Month				
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<u>I. CCCA Supervision Activity (con't)</u>	<u>Misd.</u>	<u>YTD</u>	<u>Felon</u>	<u>YTD</u>
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9. Total # Supervision Days (A+B)**A. Total Carry-Over Cases (1+2)**

1. Closed Cases

2. Active Cases

B. Total for New Cases (1+2)

1. Closed Cases

2. Active Cases

II. Type of CCCA Community Sentence

From Total New Placements from Court (I-3B), indicate type of sentence ordered by offense class:

	<u>Class 1&2</u> <u>Misd.</u>	<u>YTD</u>	<u>Class 5&6</u> <u>Felony</u>	<u>YTD</u>
A. Local Probation (w/susp. sentence)	_____	_____	_____	_____
B. Local Probation (w/out susp. sentence)	_____	_____	_____	_____
C. Deferred Judgment	_____	_____	_____	_____
D. Other: _____	_____	_____	_____	_____
	<u>Other</u> <u>Misd.</u>	<u>YTD</u>	<u>Other</u> <u>Felony</u>	<u>YTD</u>
A. Local Probation (w/susp. sentence)	_____	_____	_____	_____
B. Local Probation (w/out susp. sentence)	_____	_____	_____	_____
C. Deferred Judgment	_____	_____	_____	_____
D. Other: _____	_____	_____	_____	_____

III. New CCCA Placements on Services

Report the number of CCCA offenders under supervision who were placed on services during this month.

	<u>Misd.</u>	<u>YTD</u>	<u>Felon</u>	<u>YTD</u>
A. Substance Abuse Testing	_____	_____	_____	_____
B. Substance Abuse Education	_____	_____	_____	_____
C. Substance Abuse Counseling	_____	_____	_____	_____
D. Short Term-Detoxification (3-7 days)	_____	_____	_____	_____
E. Long-Term Inpatient Tx (28 + days)	_____	_____	_____	_____
F. Electronic Monitoring (EM)	_____	_____	_____	_____
G. Home Incarceration (w/out EM)	_____	_____	_____	_____
H. Community Service	_____	_____	_____	_____
I. Restitution	_____	_____	_____	_____
J. Anger Management	_____	_____	_____	_____
K. Batterers/Domestic Violence	_____	_____	_____	_____
L. Shoplifters Group	_____	_____	_____	_____
M. Financial Responsibility	_____	_____	_____	_____
N. Sex Offender Treatment	_____	_____	_____	_____
O. Other _____	_____	_____	_____	_____

IV. Monitoring Case Activity

This includes, but may not be limited to, those performing community service in lieu of fines and costs.

<u>Misd.</u>	<u>YTD</u>	<u>Felon</u>	<u>YTD</u>
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1. Total # Offenders Monitored
on First Day of the Month

2. Total New Monitoring Placements Including
Transfers

3. Total Monitoring Cases Closed (A+B+C)

A. Successful

B. Unsuccessful

C. Other

4. Total # Offenders Under Monitoring
on Last Day of the Month

5. List the types of cases being monitored:

_____**V. CDI Case Activity**1. Total # Offenders Under Supervision on First
Day of the Month

2. Total Cases Closed (A+B+C)

A. Successful

B. Unsuccessful

C. Other

3. Total # Offenders Under Supervision
on Last Day of the Month

VI. Collections & Community Service**Month****YTD**

1. Total Community Service Hours Performed

2. Total Amount of Restitution Facilitated

3. Total Amount of Fines/Costs Facilitated

VII. Certification

I hereby certify that the information provided in this report is true and correct to the best of my knowledge.

Signature of Project Director_____
Date